

Building Safety Division**One City Plaza****Phone: 373-5163****Fax: 928-373-5164****City of YUMA****Backflow Devices
Application****To schedule an inspection: 373-4542****Cox, Marvin (Jackie) - Cross Connection Control Specialist**

Job Address		Contractor
Owner Name		Phone
Phone		Fax

1 Please describe the use of the facility or building being protected (residential/commercial - type of business):

2 List all special hazards or uses in the building that may require the installation of back flow device:

3 List the type of back flow device proposed to be installed to protect the potability of the waste supply:

A. TYPE: _____

B. SIZE: _____

4 Provide a cage or other barrier that will protect the device from physical damage. (specify type of protection)

5 All working clearances shall be provided in accordance with the Manual of Cross connection Control, 8th Edition:

Side _____

Side _____

Bottom _____

Height _____

6 Provisions shall be taken to minimize the effects of thermal expansion created by the installation of the back flow device.

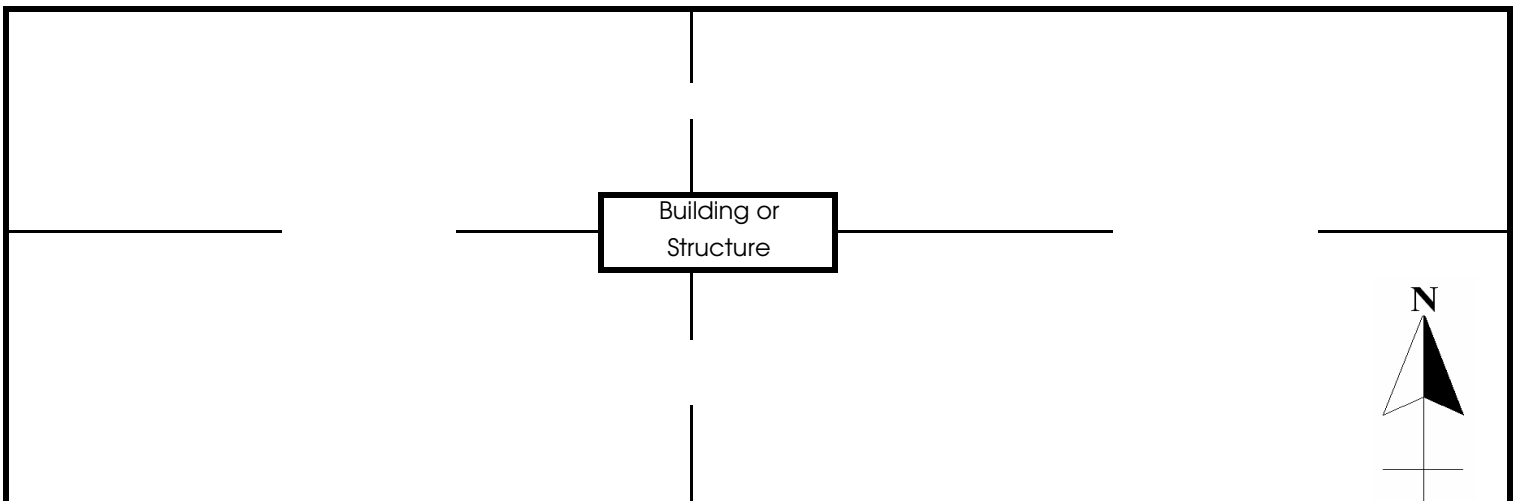
List TYPE: _____

7 All piping shall be approved material.

8 The device shall be installed so as to be accessible for maintenance, testing, repairs. Unions or other approved fitting shall not be used.

9 If the back flow protection device is remotely located from the water meter, you must identify and eliminate all unprotected connections and tops between the water meter and the back flow device.

10 Identify the proposed location of the device in relationship to the water meter. Use diagram below.



--- = Shut Off Valve

-- / -- / -- = Back Flow Assembly

(M) = Water Meter

STREET NAME: _____